

RECEIVED
CENTRAL FAX CENTER

FEB 15 2006

**The Offices of
HENRY M. FEIEREISEN**

Patent Agent

350 Fifth Avenue, Suite 4714, New York, N.Y. 10118

Tel: (212) 244-5500, Fax: (212) 244-2233, E-Mail: info@feiereisenllc.com

FACSIMILE TRANSMISSION

TO:	Commissioner for Patents Alexandria, VA 22313-1450
ATTENTION:	Examiner: , Group Art Unit:
FAX-NO.:	(571) 273-8300
FROM:	Henry M. Feiereisen, Reg. No.: 31,084
APPL. NO.	10/540,200
FILED:	
DOCKET NO:	SCHÄFER
TYPE OF PAPER:	FIRST PRELIMINARY AMENDMENT
DATE:	February 15, 2006
NO. OF PAGES (including this page):	7 pages
MESSAGE:	DELIVER DIRECTLY TO EXAMINER

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office, Alexandria, VA 22313-1450 on the date shown below.

Henry M Feiereisen
Name of Representative


Signature

2-15-2006
Date

The information contained in this facsimile message is confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, this serves as notice that any dissemination, distribution or copying of the communication is strictly prohibited. If this communication is received in error, please notify sender at above telephone number.

RECEIVED
CENTRAL FAX CENTER

FEB 15 2006

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No.: SCHÄFER

In re Application of:)
KLAUS SCHÄFER, GERHARD MAUL & MARTIN KAUFHOLD)
Appl. No.: 10/540,200)
Int. Filing Date: December 5, 2003)
For: EXTRUDED ELASTIC INSULATION FOR CONDUCTORS OF ELECTRIC MACHINES)

FIRST PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Preliminary to the first Official Action in the above-entitled application, please amend the application as follows.

The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under 37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

Please amend the above-entitled application as follows: